WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 22 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37219

1. PLACE OF DEATH
County St Louis — Registration District No. 788 — File No.
Township — Primary Registration District No. 4471 — Registered No. 92
City Webster Groves (No. 154 East Kirkham St. Ward)

2. FULL NAME Gustav Hansen
(a) Residence, No. 154 E Kirkham St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 49 yrs. — mos. — ds. How long in U. S., if of foreign birth? 49 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~: Mary Hansen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 29-1865
7. AGE: YEARS 69 — MONTHS 3 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocery clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): 1924
11. Total time (years) spent in this occupation: 39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fyen Denmark

FATHER
13. NAME: Rasmus Hansen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fyen Denmark

MOTHER
15. MAIDEN NAME: Adolfine Schroll
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fyen Denmark

17. INFORMANT (ADDRESS): Mary Hansen 154 E Kirkham

18. BURIAL, CREMATION, OR REMOVAL
PLACE Des Peres Lutheran Cem DATE Oct 13 1934

19. UNDERTAKER (ADDRESS): Parker Und Co. Webster Groves

20. FILED 10-13-1934 Jules R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 11th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1933, to Oct 11th, 1934
I last saw him alive on Oct 11th, 1934. Death is said to have occurred on the date stated above, at 4 15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Hypertension	
Arteriosclerosis	
93	
93	
92A	
91	
Other contributory causes of importance:	
Cerebral Hemorrhage	10/2/34

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical ? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Otis D Seabaugh, M. D.
(Address) 16 No Gore Ave